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SERIAL NUMBER 09/421,363	FILING DATE 10/19/1999 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. YO999-349
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APPLICANTS

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OA

** CONTINUING DATA *****

NONE OA

** FOREIGN APPLICATIONS *****

NONE OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verifier and Acknowledged	Examiner's Signature Initials		
OA Allowance JA			
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NY	9	28	3

ADDRESS

48150
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TITLE

SYSTEM AND METHOD FOR PERSONALIZING DIALOGUE MENU FOR AN INTERACTIVE VOICE RESPONSE SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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